2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 MAY 14 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000534

1. Entity Name
GULFSTREAM LOMAS, LTD.

Principal Place of Business	Mailing Address
1020 NW 62 ST FT LAUDERDALE, FL 33309	P.O. BOX 81200 ALBUQUERQUE, NM 87198

03262004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 74-2921163 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITTINGTON, KEELY 1020 NW 62 ST FT LAUDERDALE, FL 33309	Name: KEYES, Keely W Street Address (P.O. Box Number is Not Acceptable): 1020 NW 62ND ST City: FT LAUDERDALE FL Zip Code: 33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: K. W. Keyes 3 3004
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$10,877,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000009957	STREET ADDRESS	
NAME	GULFSTREAM LOMAS, INC.	CITY-ST-ZIP	000037675890 06/04/04--01068--010 **437.50
STREET ADDRESS	1020 NW 62 ST		
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000037675890
NAME		CITY-ST-ZIP	06/04/04--01068--011 **88.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: K. W. Keyes 3 3004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #